

BULLETIN

of the
MAHONING COUNTY
MEDICAL SOCIETY

Volume LV

DECEMBER, 1985

Number 9



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1985 - MAHONING COUNTY MEDICAL SOCIETY MEETINGS - 1985

Tuesday	Tuesday	Tuesday	Tuesday	Tuesday	Tuesday
Jan. 15	Mar. 19	May 21	Sept. 17	Nov. 19	Dec. 17

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From the Desk of the President



"INTROSPECTION"

During the last year I have had the occasion of viewing our Medical Society from the inside out as your President and observe some of our problems and difficulties from that prospective. Last Tuesday night, I became convinced of the insight of the cartoonists that during World War II said "We have met the enemy and the enemy is us."

For a year I have presided at meetings of the Council of the Mahoning County Medical Society and of the Society as a whole and have watched with a sinking heart the declining attendance. At times this attendance was so meager that no business could be conducted. At other times, the meetings could not be held because of what appears to be insensitivity of the medical staffs of our hospitals, meetings of the staff were scheduled in conflicting times with the business of the Society, in spite of the fact that the dates of our Society meetings and the meetings of the Council are fixed and known far in advance by all concerned.

On multiple occasions physicians have asked me "What is the Medical Society going to do about this particular problem?" Invariably, the physicians asking the question are the ones whose presence was never noted at the meetings of the Medical Society. In spite of the fact that through the year, both myself and the Editor of the *Bulletin* attempted to bring up controversial points with the deep desire to stir up the conscience of the membership, only on very rare occasions would anyone acknowledge having read the columns and express either his agreement or disagreement.

Even more recently, at the time of the outrageous incident in the Youngstown Vindicator regarding the patient who died a victim of AIDS, some physicians approached me in slightly larger numbers with the all too often used question "What is the Medical Society going to do about this?" To my knowledge, not a single one of them wrote a letter to the Vindicator, or addressed a letter to our Society office, and when I wrote about this, only one member of the Society took notice and stood behind me for what I said.

Through the entire year the only time that we had a meeting of the Society with significant attendance was when a subject matter that had importance from the point of view of the financial concerns of the physicians was to be discussed. It is noticeable that the physicians who are members of the Council are the same ones that attend on a regular basis the Society meetings, and have been the faithful ones there

(Continued on Page 225)

**BULLETIN****of the Mahoning County Medical Society**

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The opinions and conclusions expressed herein do not necessarily represent the views of the Editorial staff nor the official views of the Mahoning County Medical Society.

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Richard W. Juvancic, M.D.

Editorial:**SOCIETY HEARS MEDICAL BOARD ADMINISTRATOR**

The November meeting of the Mahoning County Medical Society was held Tuesday, Nov. 19, 1985 at Antone's Restaurant with Dr. Juan A. Ruiz, president, presiding.

The meeting was called to order at 7:55 p.m. by Dr. Ruiz, who welcomed the members, spouses and guests and then introduced the people at the head table: Dr. and Mrs. Dallis, Mr. and Mrs. Ray Bumgarner, Dr. Memo and Dr. D. Pichette.

Dr. Ruiz read the balloting procedures for nomination of officer and then appointed Dr. Deramo and Dr. Abdu to act as tellers and distribute the ballots. Those nominated are:

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Vice President
Secretary
Delegate
Alternate Delegate

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Dr. Ruiz introduced Dr. D. J. Dallis, program chairman, who introduced the speaker, Mr. Bumgarner, Administrator of the Ohio State Medical Board, who gave an interesting and enlightening talk on the functions of the Board, what he hopes to accomplish and how the local society can assist in his efforts.

Following the speaker's talk, a question and answer period was held with many questions from the floor.

Dr. Ruiz announced the next meeting of the Society will be at the Ramada Inn on Belmont Avenue and the speaker will be State Senator Harry Meshel. It will also be the election of officers meeting.

PROCEEDINGS OF COUNCIL

Nov. 12, 1985

The regular meeting of the Council of the Mahoning County Medical Society was held Tuesday, Nov. 12, 1985 at the Youngstown Club.

The meeting was called to order at 7:46 p.m. by Dr. Ruiz. The minutes of the October meeting, having been read, were approved.

The treasurer's report revealed seven members who have not yet paid dues for 1985. The bills list was read and a motion to pay each and every bill. The financial report delineated the total of dues income for 1985 and extra income for 1985.

The following applications were presented for membership:

ASSOCIATE: Nabel F. Alloush, M.D. Chandrakant Shah, M.D.

ACTIVE: Athanasios D. Kasamias, M.D.

The applications were approved. The applicants will become members of the Mahoning County Medical Society in the voted category 15 days after the printing of the names in the minutes of the November meeting that are mailed to all members, unless an objection is received in writing by the executive director before that effective date.

COMMUNICATIONS INCLUDED:

A letter written by Dr. Alexander Calder to the editor of the Youngstown Vindicator that was never printed in the Vindicator. The executive director was instructed to write to the editor of the Vindicator and ask why the letter was not used and paraphrase the Calder letter with a hope that a letter from the Council would receive more attention. It was also agreed that the Dr. Calder letter shall be published in *The Bulletin*.

Letters from two physicians alluding to prescription abuses by pharmacies. The president informed Council he has been in contact with the head of the local pharmaceutical association about the problem and a formal letter is to be written from the Council to the association, describing the problem and asking for action.

No action was taken on a request for special cooperation from an area health agency because the regular offer of cooperation has been extended already.

An AMA resolution regarding Home Health Service Abuse was read and Council directed that it be published in *The Bulletin*.

The Ad Hoc Committee for Restructuring the local Society report contained several recommendations that are being studied. An invitation will be extended to a member of OSMA staff to meet with the committee and/or Council to determine what changes are allowed within the framework of the Society constitution.

The budget committee reported on its meeting October 30th and presented a proposed budget for 1986 with a recommendation that it be adopted. Council gave its approval to the proposed 1986 by motion duly made, seconded and passed.

The report of the nominating committee was accepted with the notation that there is still one member-at-large to be nominated for Council. Nominations can be made at the Nov. 19th meeting of the Society, when the nominating ballots will be presented.

Dr. Anderson, Sixth District Councilor OSMA, reported that PACO is being dissolved by OSMA as of Dec. 31, 1985. He noted the OSMA may try to run a tape-to-tape billing service similar to what PACO had and possibly a physician placement service, although OSMA will not assume any of PACO's business. He noted that OSMA Council is taking a long-range planning look at how the state and county may better represent physicians. He said there is some concern about the Medical Staff section at both the OSMA and AMA level as to what direction it is headed. Dr. Anderson stated

the Malpractice Task Force is in action and has expressed concern about "Hold Harmless" clauses in medical service contracts signed by some physicians. He cautioned physicians to be careful.

A motion was made, seconded and passed to form a committee to study the IPA situation and come back with a recommendation concerning endorsement of IPA's, after an opinion has been obtained from the OSMA legal department concerning such an action.

Upon request of Dr. Melnick, Council agreed to write a letter of support of the concept of a medical museum on campus at Youngstown State University and have Dr. Melnick deliver it to the proper person at YSU.

It was requested that the president send a letter to the County Board of Health urging the board to appoint a physician to the post of health commissioner.

There was some discussion of the paging service being provided the physicians and a request that the paging company be contacted. A poll of the physicians was requested to determine the degree of satisfaction with the service.

It was reported that Pennsylvania is now paying welfare claims presented by Ohio physicians, although not on the same schedule as Ohio. Previously, Pennsylvania was not paying for welfare patient care.

The meeting was adjourned at 9:59 p.m.

Robert B. Blake
Executive Director

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- | | | |
|--|--|--|
| Dec. 16
S. M. Barolsky
A. R. Dziadzka | Dec. 25
R. D. Murray | Jan. 6
M. Guthikonda
S. C. El-Hayek |
| Dec. 17
D. B. Brown
C. A. Crans
S. Dubos | Dec. 26
E. S. Dickstein | Jan. 7
J. Hong |
| Dec. 18
J. M. Kline
A. P. Mirasol | Dec. 31
A. T. Gestosani | Jan. 9
N. J. Hazelbaker |
| Dec. 19
L. P. Caccamo
T. L. Cohen
D. J. Dallis
S. R. Zoss | Jan. 1, 1986
D. S. Lee
V. K. Sethi | Jan. 10
R. Albarran
S. Cuddapah
H. J. Hassel
D. T. Yoder |
| Dec. 21
C. S. Peabody | Jan. 2
N. C. Domingo
D. W. Handel
W. T. Martin
R. R. Sambandham
T. M. Robb | Jan. 12
M. U. R. Bhatti
P. H. Huang
A. S. Nagpaul
D. Van Rees |
| Dec. 22
J. S. Venglarick | Jan. 3
J. B. Stechschulte
S. R. Weiss | Jan. 13
Y. V. Ginde |
| Dec. 23
A. E. Rappoport | Jan. 4
C. L. Paxson | Jan. 15
S. K. Seth
W. H. Bunn, Jr. |
| Dec. 24
N. A. Pappas | Jan. 5
R. W. Jackson
E. U. Krishnan | |



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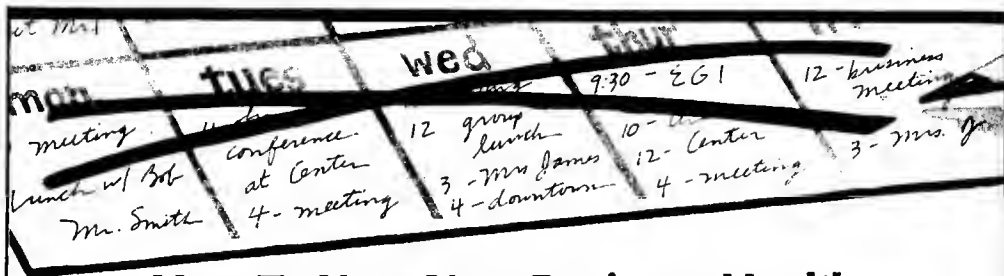
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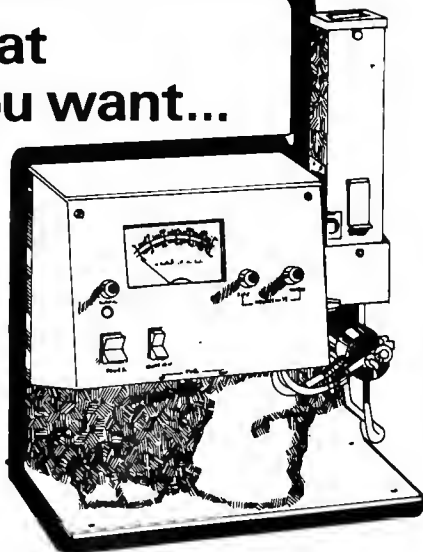
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for nearly all the years that I have been a member of the Society, with some few more recent additions.

Yes, indeed, our enemy is us. Our enemy is our apathy and our indifference. Our enemy is the complacency and the letting somebody else take over the responsibilities that we once assumed. No longer is the Medical Society stirring up the conscience of the public and leading the fight for the public good, nor is the Society involved in what even remotely smells like concern for the general public health.

We have relinquished, for the sake of our convenience and comfort, the running of our profession to the nurses, supervisors, hospital administrators and para-professional societies, the responsibilities and the rights that by tradition belong to us. Instead of being in the forefront of the news raising up our standard and concern for life and helping to change the moral trends of our time, we have joined forces with those whose philosophy of expediency deny the right to life to the unborn, even negating his humanity, and have become complacent in treating as expendable the elderly and infirm because they are burdensome and costly. While we pay lip service to a belief in God, we are very careful to make sure that nobody knows about this in public, lest we appear sissified, ridiculous or unlearned. We no longer initiate the business of our meetings with a time of prayer or an invocation prior to our dinners, and when this is actually performed, we exercise care to delete that particular event from the official recording of the business transactions.

I remember with sadness and nostalgia the days when the meetings of the Medical Society were vibrant, when our members were men and women whose vision was not limited to their personal gain or aggrandisement, but it extended beyond the local hospital, city, county, and even the state: when a physician was viewed as a man of compassion and courage, of character and integrity, respecter of life and whose primary concern was always the welfare of his patients and whose morality, medical philosophy and religious faith constituted the very fabric of his personality and, indeed, shaped his behavior toward his patients, his peers and his community.

In other words, they were men of high ethical consciousness and practice, who were the recipients of public trust and whose opinions were often requested and respected. It is obvious that the erosion of our ethical and moral standards, while it apparently has infected a large number of those graduating from medical schools, has not yet become an epidemic which includes everyone.

We *do* have dedicated men and women of high ethics who labor for the good of the Society and who frequently are maligned, oftentimes accused and most of the time totally unrecognized and, characteristically, unthanked for their dedication. My expectation is that something other than financial considerations will arouse the worthwhile men and women who are members of our Society but whose voices have not been heard yet and that they will join ranks with those who have been laboring so consistently for so long.

To the younger generation of physicians, and to those not so young, that have not yet decided to let their voices be heard, I challenge you to join and participate. Infuse the Society with youth and vigor and new ideas. Do not sit back and let less than 5% of the members make all the decisions of the Society, including the nomination and election of officers.

You want changes, make the changes. I hope my words have irritated enough of you to try to prove me wrong. Come and be an accountable member. In other words, "Put up or shut up".

For those of you who have lovingly and consistently worked so hard, I have nothing less to tell you than the encouragement given by St. Paul "So let us never tire of doing good, for if we do not slacken our efforts we shall in due time reap our harvest." (Galatians 6:9)

Juan A. Ruiz, M.D.

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From the Bulletin

FIFTY YEARS AGO — DECEMBER 1935

There were 190 Active members, 8 Associate and 3 Honorary. Dues were \$12.00. The Treasurer reported \$151.73 in the checking account and \$800.00 in the permanent fund. Not bad, considering that two years before there was not enough money on hand to hire a hall for the monthly meeting and members had to chip in with private donations.

Ivan Smith was business manager of the *Bulletin* and it was in the black. Mary Herald was handling the printing for the Youngstown Printing Company and was given special thanks by the Editor, the late Claude Norris.

FORTY YEARS AGO — DECEMBER 1945

The *Bulletin* made a start of printing the Service Records of the members as they returned. Those of John A. Rogers, John E. L. Keyes and Morris Rosenblum appeared this month. A. K. Phillips was still in the Philippines, promoted to Major. Herman Ipp was on a motor trip with his wife to Montreal (no gasoline rationing). Tims was back and took his wife to the Ohio-Pitt football game. A. S. D'Amore was back after three years in a Japanese prison camp. Joe Colla, Fred Coombs, Sam Epstein, Bill Evans, Firestone, Goldberg, Goldstein, Ray Hall, Marinelli, Miglets, McConnell, McElroy, Nelson, Raupple, Sisek, and Szucs had returned home, very glad to be here. It was the best Christmas in five years.

The Youngstown Receiving Hospital was formally opened on Nov. 30.

THIRTY YEARS AGO — DECEMBER 1955

Editor Tornello looked back on the year and quoted the difference between results and consequences: "Results are what you expect and consequences are what you get!" He may have sounded rueful but he had a successful year.

Program Chairman Morris Rosenblum looked back on a year of good programs with Helen Taussing from John Hopkins, Harry Schwachman from the Children's Hospital in Boston, Stanley Hoerr from the Cleveland Clinic and Charles Doan from Ohio State.

The greatest medical advance of the year was the start of nationwide use of Salk's poliomyelitis vaccine and the decline of polio.

TWENTY YEARS AGO — DECEMBER 1965

Editor Kurt Wegner wrote: "During this turbulent year, our President was John McDonough. He conducted the affairs of the Society with dignity and conscience, with imagination and foresight. He deserves much credit for the many and varied activities and projects, a goodly number of which were initiated during his term in office, that the Society engaged in."

Sadly, four members of the Society passed away during the year: Drs. V. G. Herman, A. B. Sherk, Sam Tamarkin, and H. H. Teitelbaum. New active members of the Society, included: Drs. John J. Buckley, D. J. Dallis, Leonard N. Green, Demetrio M. Josef, Edward Kessler, Milton J. Lenhart, Vincent D. Lepore, Kenneth M. Lloyd, John C. Melnick and Frank Tiberio. We welcome them to our ranks.

TEN YEARS AGO — DECEMBER 1975

Ground breaking ceremonies for the new Medical School, soon to be known as NEOUCOM, took place at 11:30 a.m. December 17 in Rootstown. This was to be the basic Science Building from which the students would fan out to Kent State University, Akron State University and Youngstown State University and the affiliated community hospitals. It was a great day.

President R. A. Abdu had these prophetic words to say about National Health Programs: "The effect on the taxpayer (who thinks he may be getting something for nothing) will be increase and multiplication of bureaucracy with increase in cost and waste which are historically inherent in such systems. This will mean less spending for direct medical care in order to make up for bureaucratic cost....This means decrease in quality and quantity in medical care to the public." Now we have Pre-admission screening, quality care review, medical consultations subject to approval by a committee, HMP's, DRG's and "defacto" rationing of medical care.

Editor Earnest Perry wrote his farewell editorial and urged the members to provide the best medical care to all, regardless of their station in life.

Dr. Stanley Myers passed away of a heart attack at age 69. He was an Ear, Nose, and Throat specialist in the Boardman area, and his passing left a void in our community that was not easily filled.

New Intern-Resident members were: P. D. Choudary, M.D., Yun-Gill Jeong, M.D., C. V. Krishna Rao, M.D., Hong O. Oey, M.D., Manthena A. Raju, M.D., Jong Chul Sun, M.D., A. Narayana Rao, M.D., C. P. Reddy Parvata, M.D., Conrado A. Valdes, M.D

Robert R. Fisher, M.D.

SPECIALISTS LIVE LONGER

Medical specialists apparently live longer than family physicians, according to a study done by two faculty members at the University of Mississippi. The study indicated that the overall mortality rate among generalists was about 23% higher than for physicians in other specialties. The specialists were also less likely to die from communicable, respiratory or digestive tract problems.

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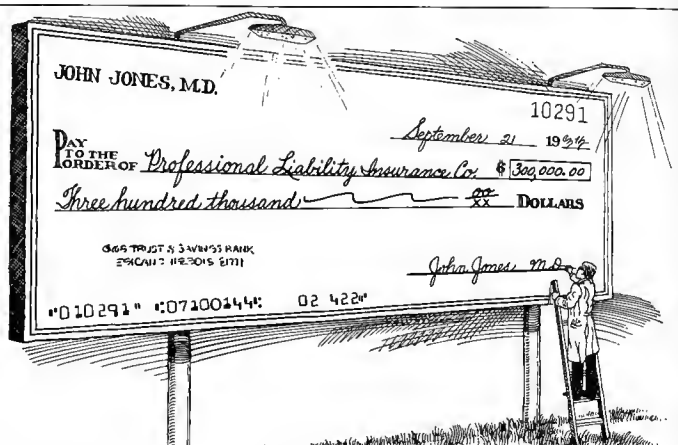
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GEORGE W. COOK, M.D.**1914 - 1985**

Dr. George W. Cook, 71, died November 13, 1985 in the Jupiter (Fla.) Hospital of Alzheimer's Disease. He was an orthopedic surgeon.

Dr. Cook was born in Scranton, Pa., went to school in Pittsburgh, and received his baccalaureate degree and medical degree from University of Pittsburgh. He served a residency at Mercy Hospital in Pittsburgh and received orthopedic training in Youngstown. In 1947, he taught anatomy at the University of Pittsburgh and in 1948 served a one-year residency in orthopedics at Allegheny General Hospital.

Dr. Cook came to Youngstown in 1949 and was in orthopedic practice until 1976.

From 1965 to 1976 he was director of orthopedic services for YHA. He was director of the Crippled Childrens Board of Ohio from 1970 to 1976. He was orthopedic representative from YHA during the construction of NEOUCOM. He was a member of the Ohio State Medical Association, Mahoning County Medical Society, National Association of Orthopedic Surgeons, and South American Association of Orthopedic Surgeons.

He served as a member of the Boardman Board of Education for 12 years, was a member of the Youngstown Country Club and United Methodist Church of Boardman. He was in the Army Medical Corps during World War II.

"WHAT IF . . . ?"

What if *every* physician had written to his or her Congressman about the unfairness of the Medicare fee freeze?

What if *every* KEY CONTACT had personally visited with his or her Congressman in the district to discuss the impact of the Medicare fee freeze on the physician's ability to provide patient care?

What if *every* physician had taken the time to explain to his or her Medicare patients how the government has further interjected itself in the physician-patient relationship through the freeze and participating/non-participating program?

What if *every* KEY CONTACT had persuaded his or her local AARP official that the Medicare freeze was unfair to physicians and the elderly and *both* jointly met with their Congressman to communicate that message?

What if *every* state, county and national medical specialty society was on the AMA/GTE telecommunications system and could instantly receive alerts on the need for grassroots action throughout the legislative process?

What if *every* physician had told all of his or her non-Medicare patients that the increased fee they must pay was necessitated by the government's requirement that services for Medicare patients be discounted, regardless of individual need?

What if *every* KEY CONTACT had played a significant role in the 1984 campaign of his or her Congressman and was already hard at work in contributing to the 1986 re-election effort?

WHAT IF . . . ?

COSTS GO UP AND UP

A travel consultant reports that the cost of a hotel room and meals for one day increased 9.6% during the past year in some of our larger cities. One-day bed-and-board costs in New York went up an average of \$199; Chicago is \$140 and Los Angeles is \$145. It's no wonder that many businesses and associations are taking long hard looks at their traditional meeting and convention patterns.

A LEADER IN MEDICAL SCIENCE

One of the most important priorities of the American Medical Association for this or any decade is to provide leadership in — and to direct professional and public attention to — the field of medical science. The AMA's historic support of the work of medical researchers has helped make our health care system the best in the world. In a time of conflict in health care policymaking, this unsurpassed record in science and the anticipation of future breakthroughs in the field are one of the attributes that make American medicine worth defending.

The AMA's commitment to this field is expressed clearly in the Association's traditional mission: to promote the art and science of medicine and the betterment of the public health. A key word is "promote," for the AMA is uniquely suited to inform the profession and the public about significant developments in medical science. Reports in the general news media on achievements in medical research often cite the *Journal of the American Medical Association (JAMA)*. The AMA has the national visibility and prestige to thoroughly and authoritatively report clinical research findings.

To act on this deep concern, the AMA conducts myriad scientific activities that deserve the support of every physician. Some of these are summarized below:

The *AMA Council on Scientific Affairs* advises the Association, the profession at large, government, and other health organizations on various aspects of medical science. The Council concerns itself with a variety of policymaking, professional and public information activities, as well as with evaluating and proposing scientific initiatives that might be undertaken by the AMA unilaterally or with other organizations. The Association publishes annual reports on specific scientific developments monitored by the Council. For instance, recent reports covered the effects of pregnancy on work performance, how Methaqualone abuse limits its effectiveness, the physiological and psychological benefits of exercise for older persons, and new therapies for the pharmaceutical dissolution of gallstones.

With the *Diagnostic and Therapeutic Technology Assessment (DATTA)* project, the AMA fulfills a vital function on behalf of the profession and the public. The DATTA project studies new medical technologies and procedures to determine their effectiveness and suitability for clinical uses. These evaluations, conducted by panels of physicians expert in their fields, offer indispensable guidance for medical researchers, for practicing physicians and for national healthpolicy makers.

The AMA publishes the most authoritative, informed and current reference source on drugs and drug therapy available today — *AMA Drug Evaluations*. This comprehensive text is provided to one class of medical students each year and its contents have been adapted for transmission via computer.

The five-digit coding system for medical and surgical procedures, *Current Procedural Terminology*, is produced by the AMA. This system is now used by most third-party payors.

The AMA also disseminates scientific information via electronic communications systems. By early 1985, physician subscribers will be able to use their computers to search for and retrieve material from the entire texts of current issues of *JAMA* and the specialty journals. In addition, the GTE Medical Information Network (MINET®) disseminates up-to-the-minute clinical and socioeconomic information via computer terminal to physicians, allied health professionals, hospital administrators, medical librarians and others in the health care field. MINET® features the AMA's data base service, AMA/NET, which currently offers six information and bibliographic services. Also, on-line access is available to more than 300 computerized data bases in the AMA library, one of America's most comprehensive and up-to-date.

(Continued on Page 241)

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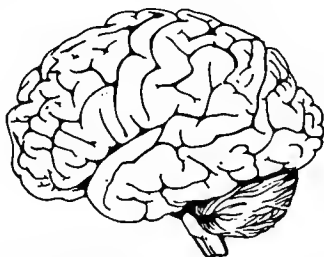
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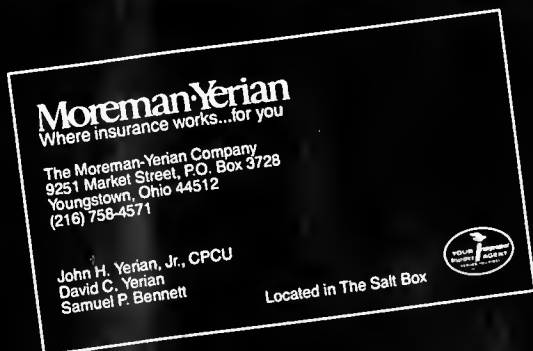
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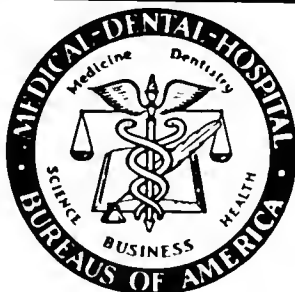
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Judy Bloomberg, Manager

LETTER TO THE YOUNGSTOWN VINDICATOR

The following letter was sent by Dr. Alexander Calder to the Youngstown Vindicator but was not printed.

October 30, 1985

Editor of the Vindicator
Vindicator Square
Youngstown, Ohio 44503

Dear Sir:

I have waited several weeks to write this letter to allow a calming effect to occur before writing to you as a physician and citizen who reads the Vindicator.

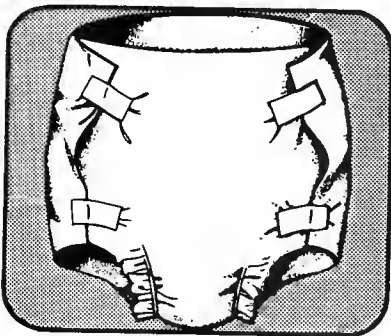
I was surprised and shocked by your lack of conscience in exercising your recent editorial rights in publishing my patients name who died of AIDS without regard for the living.

I cared for Tom from 1953 until his recent demise and grew to know, respect and admire him and his family. I, with his parents, agonized through countless bleeds into joints, face, nose and renal giving him innumerable blood transfusions through veins (and bone when there were no veins as a baby), plasma and cryoprecipitate. I watched time after time as a baby, child and young adult when his father would carry him to the hospital in pain. When Factor VIII was released Tom was in the hospital on 60 tablets of Amicar and IV cryoprecipitate daily with minimal success in controlling the kidney bleed. Through the help of St. Elizabeth Hospital Medical Center's administration we were able to obtain the first commercial Factor VIII available on the first Monday Cutter Labs released it with Federal approval. I administered it personally and saw the blood in the urine stop within hours of the first dose. I also knew each unit (package) of Factor VIII represented a harvest of approximately 8,000 donors. I knew about hepatitis and "homologous serum jaundice" (old term) but no one ever had heard of AIDS. The risk of the hepatitis was, we felt, worth taking to stop the bleeding of several months of the kidneys. I continued to give Factor VIII over many years and eventually the local chapter of the Hemophilia Foundation put Tom in the charge of the Foundation's appointed director, Dr. Lawrence Pass, at Northside Hospital. He was then started on a home program of self-administered Factor VIII. During this time I was aware of Tom's emerging normal male feelings about sports, school and girls. When he was a teenager I assured him he was normal, but needed to respect his genetic inheritance and play golf instead of being involved in contact sports. I encouraged him to find a vocation that needed talent and study and, at some point in time his sexuality could be resolved when he found someone who could understand his hemophilia. I assured him that he would not transmit his hemophilia to his child as it is inherited only through the female. I watched and marveled at his going through grade and high school, Y.S.U. and the Dana School of Music and was happy for him when I heard of his marriage to a lovely girl he had met in college. The subsequent delivery of a normal, healthy male child and his reactions were those of a man, a devoted husband and a proud father. He had a condition not of his choosing but led the good life, had tremendous family and community support and worked to care for his wife and child. His parents had three children, Tom was the surviving son and his child gave them a new lease on life.

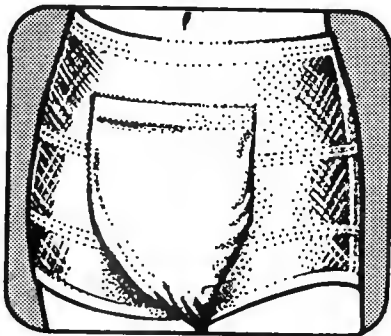
In August of this year Tom sought help for what at first seemed to be a viral gastroenteritis but when response to treatment was negative, in five days time, we entertained the thought of AIDS transmitted through the hundreds of units of Factor VIII he had used *prior* to the first knowledge of the disease (1980) and *prior* to the development of the screening of blood donors with a test now known as HTLV III (1985). He was hospitalized at St.

FOR ADULT BLADDER CONTROL PROBLEMS

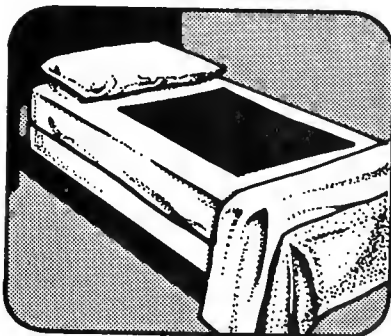
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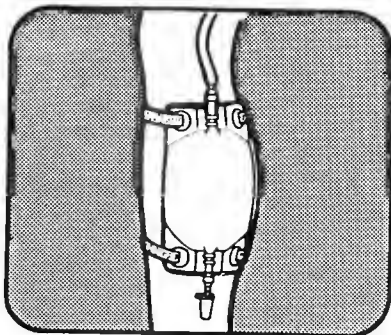
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Elizabeth Hospital Medical Center and knew what we were fighting yet he was as courageous a man as I have ever been privileged to care for. The only positive thing about his illness was the thoughtful, tender care given to him by the nurses and personnel of the hospital. They knew, *as you knew*, no documented case of AIDS had ever occurred through casual contact and the argument that anything is possible is not adequate (as your argument states). Even the *law* states *anything* is *possible* but, we *must* deal with probabilities. His courage and strength helped sustain his family and friends, doctors and nurses that cared for him until his inevitable death. We gave him a new investigative drug obtained through the Chief of Infectious Diseases, Dr. Watanakunakorn, but everything done was to no avail.

After Tom died I went through some soul searching as to what to put down as his cause of death. I considered pneumonia or heart failure (to protect him and his family) but my conscience would not allow it so, for legal and moral (and statistical) purposes I signed the certificate as AIDS. I fully believed that no one would identify him because of the hysteria it would cause, not to mention the innuendos about his sexuality, the ostracism his family would experience and the emotional pain they would all endure now *and in the future*. I was totally incorrect in my judgment that the reporters, editors and editorial policy of your paper would contact responsible medical authorities before blurting out the name, showing lack of moral conscience. This was confirmed by your Sunday editorial written by Dennis B. Mangan who wanted to "go" with a story that would sell newspapers and show the "power of the press." I am amazed you do not publish the names of rape victims along with addresses and place of employment, after all, it's news. The first name similarity was a true stroke of genius and showed an intellectual response on a level of the average IQ of an American citizen. You published the name to prove you could do it over the proper objections of Mr. Altman. I believe you did it to sell newspapers and promote the sensationalism it would cause. It did force people to *learn* more and caused AIDS to be a topic of conversation all over town. Seminars were held, TV stations presented panel shows, etc. I guess the agony of his family and ostracism of his wife and son will endure are worth it. She had been hired on October 8th but the 11th of October, a day after your sensational headline story, she was notified that she need not report to work on Monday, the 14th of October.

Your apology could *never undo the wrong you have done to his parents, wife and son*. You might be interested in knowing that Mrs. Bolha has been tested for AIDS and/or ARC and is found to be negative thus cannot have the disease!!!

I can only hope you do have a conscience because the end of this story has not yet been written. You, who so righteously threw the first stone, will never summon the courage to admit your error and even you can never undo the harm you have done to the living and disservice to the dead. You expect perfection of the medical profession but do not exhibit adequacy let alone excellence, on your own part. No Pulitzer prize for this story, you "The Vindicator" are not vindicated in any way. Perhaps you should add the "*National Enquirer*" to your banner in the future.

Sincerely,

Alexander Calder, M.D.

cc: Attorney Lawrence Damore

Juan Ruiz, M.D., President Mahoning County Medical Society
Cleveland Plain Dealer

Mrs. Carol Bolha

Mr. and Mrs. Joseph Bolha

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The AMA is in favor of cost-effectiveness, but not at the expense of quality care — or physicians' freedom to provide it. So we're acting, not reacting — by delivering cost-effectiveness information at special workshops and annual meetings; by offering publications, including the Physician's Cost Containment Checklist; and by launching programs such as the Cost-Effectiveness Network for hospital staffs to test cost-effectiveness strategies, and the Health Policy Agenda for the American People, a long-range set of

directions and priorities for health care.

In Washington, D.C., and in court, we're fighting government-imposed fee freezes and other attempts to restrict the rights of physicians and patients.

You can fight back — by joining the AMA. Together, we'll help make sure that quality wins — every time.

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ITEMS

From the Exec's Desk

ROBERT B. BLAKE, Executive Director

A letter to the editor in a recent issue of Medical Economics warns that Good Samaritan laws may not be so good in providing protection for physicians. In Arizona, an M.D. attending a high school football game offered his professional services when one of the young players was injured. Despite his on-the-spot efforts and subsequent hospital attention, the injury left the boy quadriplegic. The physician was sued for \$7-million. The courts finally ruled that the Arizona Good Samaritan law was applicable and dismissed the case . . . but not until the physician had undergone two years of mental anguish, depositions, interrogatories and other time consuming procedures of our judicial system!

* * * * *

A recent issue of the Statistical Bulletin observes that women are moving into equality and parity with males in many areas . . . including mortality from lung cancer. The publication comments that this is one inequality or discrimination which probably should have been preserved.

* * * * *

Don't worry about the big major crisis of life. Concentrate instead on avoiding or removing the little day-to-day irritations. That seems to be the message emerging from a recent study by the University of California. Evidence indicated that the petty problems of life have more impact on physical and mental health than major happenings. That is: it is healthier to lose your job than to be bugged constantly by a fellow worker.

* * * * *

Don't forget, Mahoning County Medical Society members have a direct pipeline to the Ohio State Medical Association through Dr. J. J. Anderson, of Youngstown, who is Sixth District Councilor, and through Dr. Joseph Sudimack of Warren, who is OSMA secretary-treasurer. They will carry your concerns to the OSMA Council when they attend the monthly meetings. The Society office also will try to handle any problems you may have or find a solution from other sources, if possible.

* * * * *

There is a big explosion in the communications field and making the biggest boom is the cellular telephone. Looking into the technology resulted in Medical Society members being able to get free installation on cellular telephones during the rest of the month of December. This is a saving of from \$200 to \$350. If any member is interested, it just takes a call to 758-4502 and a request for the Physician's December Special. Or drop in at 1393 Boardman-Canfield Road. Instant communication readily at your fingertips with a cellular telephone!

A Leader in Medical Science

(Continued from Page 230)

The AMA focuses on developments in a wide range of nutrition and personal health topics, including aging, alcoholism, auto safety, boxing, drug abuse, infant mortality, pollution, radioactive wastes and smoking. Through many of these programs, the Association contributes both to the overall public health and to today's vital policymaking goal to reduce medical costs while maintaining and enhancing the quality of care patients receive.

The AMA's scientific efforts in recognizing and evaluating scientific trends and achievements and reporting on these developments have served physicians and the public well. These activities will continue to prove fruitful if physicians — all physicians — support the AMA.

Classified Advertising

NOTICE

Limited space available in new medical office building on Parmalee Avenue. Suites will be completed to tenant's specifications. Occupancy scheduled for October / November 1984. Contact Dr. Pesz/Gilliland/Kohli, if interested. Stf.

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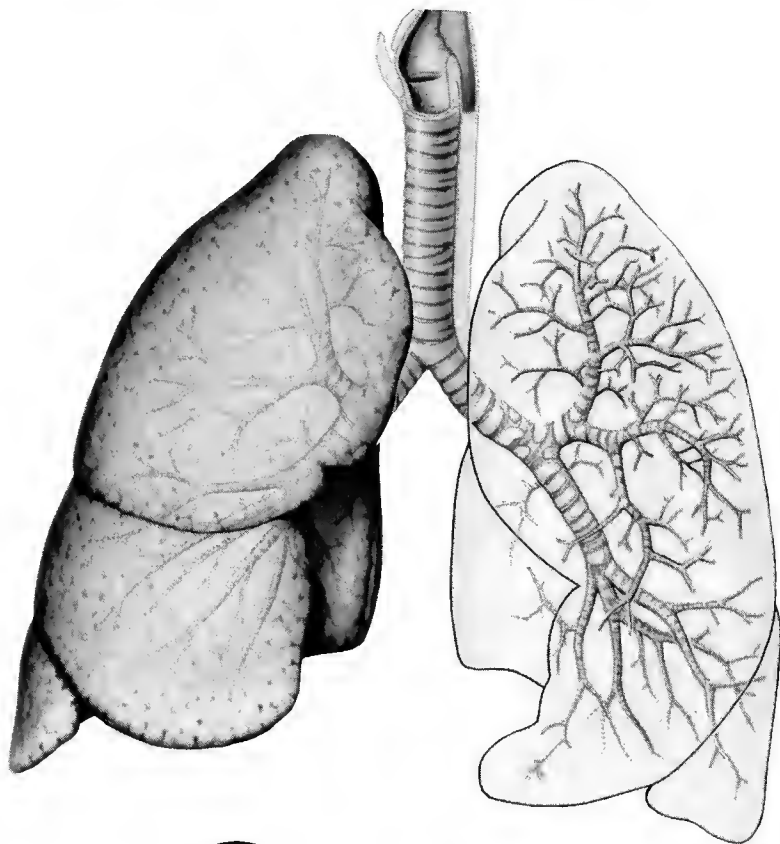
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Brief Summary: Consult the package literature for prescribing information.

Indications and Usage: Cefaclor (Cefaclor, Lilly) is indicated in the treatment of the following infections when caused by susceptible strains of the designated microorganisms.

Lower respiratory infections: including pneumonia caused by *Streptococcus pneumoniae* (Group A), *Streptococcus pneumoniae*, *Haemophilus influenzae*, and *S. pyogenes* (Group A beta-hemolytic streptococci).

Appropriate culture and susceptibility studies should be performed to determine susceptibility of the causative organism to Cefaclor.

Contraindications: Cefaclor is contraindicated in patients with known allergy to the cephalosporin group of antibiotics.

Warnings: IN PENICILLIN SENSITIVE PATIENTS, CEPHALOSPORIN ANTIBIOTICS SHOULD BE ADMINISTERED CAUTIOUSLY. THERE IS CLINICAL AND LABORATORY EVIDENCE OF PARTIAL CROSS ALLERGENICITY OF THE PENICILLINS AND THE CEPHALOSPORINS AND THERE ARE INSTANCES IN WHICH PATIENTS HAVE HAD REACTIONS, INCLUDING ANAPHYLAXIS, TO BOTH DRUG CLASSES.

Antibiotics, including Cefaclor, should be administered cautiously to any patient who has demonstrated some form of allergy, particularly to drugs.

Pseudomembranous colitis has been reported with virtually all broad-spectrum antibiotics including macrolides, semisynthetic penicillins, and cephalosporins; therefore, it is important to consider its diagnosis in patients who develop diarrhea in association with the use of antibiotics. Such colitis may range in severity from mild to life-threatening.

Treatment with broad-spectrum antibiotics alters the normal flora of the colon and may permit overgrowth of clostridia. Studies indicate that a toxin produced by *Clostridium difficile* is one primary cause of antibiotic-associated colitis.

Mild cases of pseudomembranous colitis usually respond to drug discontinuance alone. In moderate to severe cases, management should include symptomatic treatment, appropriate bacteriologic studies, and fluid, electrolyte, and protein supplementation. When the colitis does not improve after the drug has been discontinued, or when it is severe, oral vancomycin is the drug of choice for antibiotic-associated pseudomembranous colitis produced by *C. difficile*. Other causes of colitis should be ruled out.

Precautions: **General Precautions:** If an allergic reaction to Cefaclor occurs, the drug should be discontinued and, if necessary, the patient should be treated with appropriate agents, e.g., pressor amines, antihistamines, or corticosteroids.

Prolonged use of Cefaclor may result in the overgrowth of nonsusceptible organisms. Careful observation of the patient is essential if superinfection occurs during therapy. Appropriate measures should be taken.

Positive direct Coombs' tests have been reported during treatment with the cephalosporin antibiotics. In hematologic studies or in transfusion cross-matching procedures when antiglobulin tests are performed on the red blood cells of patients receiving Cefaclor, appropriate bacteriologic studies, and fluid, electrolyte, and protein supplementation. When the colitis does not improve after the drug has been discontinued, or when it is severe, oral vancomycin is the drug of choice for antibiotic-associated pseudomembranous colitis produced by *C. difficile*. Other causes of colitis should be ruled out.

Cefaclor should be administered with caution in the presence of markedly impaired renal function. Under such conditions, careful clinical observation and laboratory studies should be made because safe dosage may be lower than that usually recommended.

As a result of administration of Cefaclor, a false-positive reaction for glucose in the urine may occur. This has been observed with Benedict's and Fehling's solutions and also with Clinistix® tablets but not with Tes-Tape® (Glucose Enzymatic Test Strip, Lilly).

Broad-spectrum antibiotics should be prescribed with caution in individuals with a history of gastrointestinal disease, particularly colitis.

Usage in Pregnancy—Pregnancy Category B—Reproduction studies have been performed in mice and rats at doses up to 12 times the human dose and in ferrets given three times the maximum human dose and have revealed no evidence of impaired fertility or harm to the fetus due to Cefaclor. There are, however, no adequate and well-controlled studies in pregnant women. Because animal reproduction studies are not always predictive of human response, this drug should be used during pregnancy only if clearly needed.

Nursing Mothers—Small amounts of Cefaclor have been detected in mother's milk following administration of single 500 mg doses. Average levels were 0.18, 0.20, 0.21, and 0.16 mcg/ml at two, three, four, and five hours, respectively. Trace amounts were detected at one hour. The effect on nursing infants is not known. Caution should be exercised when Cefaclor is administered to a nursing woman.

Usage in Children—Safety and effectiveness of this product for use in infants less than one month of age have not been established.

Adverse Reactions: Adverse effects considered related to therapy with Cefaclor are uncommon and are listed below.

Gastrointestinal symptoms occur in about 2.5 percent of patients and include diarrhea (1 in 10).

Symptoms of pseudomembranous colitis may appear either during or after antibiotic treatment. Nausea and vomiting have been reported rarely.

Hypersensitivity reactions have been reported in about 1.5 percent of patients and include morbilliform eruptions (1 in 100), pruritus, urticaria, and positive Coombs' tests each occur in less than 1 in 200 patients. Cases of serum-sickness-like reactions (erythema multiforme or the above skin manifestations accompanied by arthritis/arthritis and, frequently, fever) have been reported. These reactions are apparently due to hypersensitivity and have usually occurred during or following a second course of therapy with Cefaclor. Such reactions have been reported more frequently in children than in adults. Signs and symptoms usually occur a few days after initiation of therapy and subside within a few days after cessation of therapy. No serious sequelae have been reported. Antihistamines and corticosteroids appear to enhance resolution of the syndrome.

Cases of anaphylaxis have been reported, half of which have occurred in patients with a history of penicillin allergy.

Other effects considered related to therapy included eosinophilia (1 in 50 patients) and genital pruritus or vaginitis (less than 1 in 100 patients).

Causal Relationship Uncertain—Transitory abnormalities in clinical laboratory test results have been reported. Although few were of uncertain etiology, they are listed below to serve as alerting information for the physician.

Hepatic—Slight elevations in SGOT, SGPT, or alkaline phosphatase values (1 in 40).

Hematopoietic—Transient fluctuations in leukocyte count, predominantly lymphocytosis occurring in infants and young children (1 in 40).

Renal—Slight elevations in BUN or serum creatinine (less than 1 in 500) or abnormal urinalysis (less than 1 in 200).

[061762R]

Note: Cefaclor is contraindicated in patients with known allergy to the cephalosporins and should be given cautiously to penicillin-allergic patients.

Penicillin is the usual drug of choice in the treatment and prevention of streptococcal infections, including the prophylaxis of rheumatic fever. See prescribing information.

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Additional information available to the profession on request from
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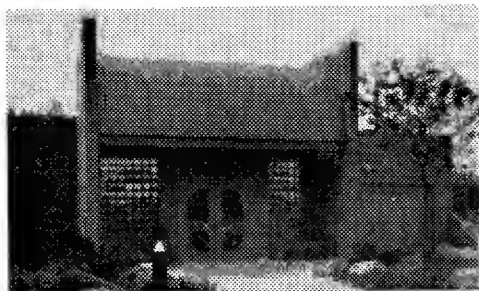
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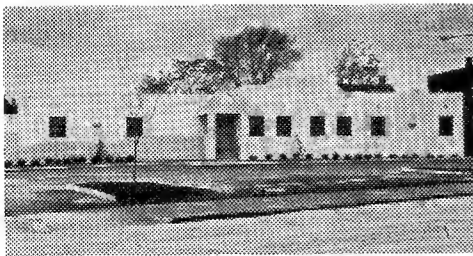
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